


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000073873**

1. Entity Name  
**W. D. DAVANT, INC.**



Principal Place of Business Mailing Address  
**1459 SW DYER POINT RD** **1459 SW DYER POINT RD**  
**PALM CITY FL 34990** **PALM CITY FL 34990**  
**US** **US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**OESTERLE, DOUGLAS W**  
**9506 S RED RD**  
**MIAMI FL 33156**

4. FEI Number **20-1127277** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>PRES</b>	<input type="checkbox"/> Delete
NAME	<b>DAVANT, WILLIAM D</b>	
STREET ADDRESS	<b>1459 SW DYER POINT RD</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DAVANT, ROBERT L</b>	
STREET ADDRESS	<b>8576 WINDY CIR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVANT, DIANE</b>	
STREET ADDRESS	<b>8576 WINDY CIR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVANT, JOHN S</b>	
STREET ADDRESS	<b>3818 IDLEWILD PLACE</b>	
CITY-ST-ZIP	<b>SUWANEE GA 30024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**U00000808276**  
**02/07/08-80042-017 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

**SIGNATURE: W.D. DAVANT** *W.D. Davant* **28 Jan 08 772 287 7633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #